SUBMITTAL FORMS INDEX

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Planning & Development Department

APPLICANT'S GUIDE TO A GROUP HOME SUBMITTAL

APPLICATIONS MUST BE ENTIRELY COMPLETED AT TIME OF SUBMITTAL AND ACCOMPANIED BY A $75 COMPLIANCE INSPECTION FEE* ALONG WITH THE FOLLOWING:

1. A site/plot plan (seven copies). Include vicinity map.

    - Label and provide all property line dimensions, show all structures, existing and proposed on permit application, label intended use. Indicate setbacks from property lines and distances between buildings.
    - Include a north arrow and scale. The scale must allow the dimensions represented to be verified.
    - Show all building dimensions.
    - Show and label all easements (i.e., drainage, ingress/egress, public utility easements, etc.)
    - Indicate dedicated street access and names. Include existing and proposed items within road right-of-way.
    - Label the following: alignment of washes, slope and general elevation changes, vegetation, and type of driveway material (driveway must be paved or in the alternative surface with aggregate based crushed material).
    - Storage tanks (above or below ground) are considered accessory structures and must be depicted on site plans. Propane tanks 250 gallons or larger may be subject to Fire Marshall approval.
    - Single-family residences that require detailed technical/engineering review (hillside lots) are required to be sealed by an appropriate professional, registered in the State of Arizona.
    - Hillside requirements are mandated if construction/grading site has a portion of land with a slope of 15% or greater.
    - All applicable stipulations related to a Board of Adjustment or zoning case will have to be completed prior to building permit issuance.

2. A floor plan (two copies) of the residence or building where the home occupation will be located.
    - Identification of the rooms.
    - Label the number of residents to reside in each room.
    - The total number of residents.

3. A recorded deed/proof of ownership is required (one of the items listed below):

    - Warranty Deed, Special Warranty Deed, Grant Deed, Joint Tenancy Deed, Quit Claim Deed, Gift Deed, Guardians Deed, Sheriff's Deed, Correction Deed, Agreement of Sale Deed, Pay Off Deed (for an agreement of sale), Treasurer's Deed, Civil Judgment (Conveying Property), Deed of Distribution (Probate), Land Patent, Certificate of Purchase (like an agreement of sale before patent issued), Trustee's Deed, Affidavit for Transfer of Real Property, or other suitable evidence as may be approved by the Planning and Development Department.

4. A completed Supplemental Information form is required.

5. A completed Building Activity Application form is required for change of occupancy and/or alterations, etc.

6. A completed copy of the State of Arizona form for zoning compliance.
   - The Arizona Department of Health Services supplies and requires this form for licensure.
7. A completed copy of the State of Arizona form for building safety compliance.
   - The Arizona Department of Health Services supplies and requires this form for licensure.
8. A Patent Easement Deed (when applicable) may be acquired at the Bureau of Land Management, 1 N. Central, Phoenix, (602) 417-9200, located at the northeast corner of Washington and Central Avenue.
9. Correct Assessor parcel numbers are critical for the review process. Incorrect Assessor parcel numbers may cause additional review time and additional office visits.

The following agencies may require additional information:	
Maricopa County Flood Control District Regulatory Division 2801 W. Durango Street Phoenix, AZ 85009 (602) 506-1501	**Maricopa County Department of Transportation Engineering Division 2901 W. Durango Street Phoenix, AZ 85009 (602) 506-8600**
Other Contact Information	
Blue Stake (locates underground utilities)	(602) 263-1100
Building Code Information	(602) 506-7147
Building and Drainage Inspections	(602) 506-3692
Registrar of Contractors	(602) 542-1502
Maricopa County Assessor's Office	(602) 506-3406
Maricopa County Zoning Information	(602) 506-3201
Arizona Department of Health Services	(602) 674-9775
Notes:	

Planning & Development Department

LAND USE APPLICATION

Application must be completed in full

TRACKING NUMBER:	ASSESSOR'S PARCEL NUMBER:

LOCATION INFORMATION

Street Address:
City/State/Zip:
Major Cross Streets:

PROPERTY OWNER INFORMATION	GENERAL INFORMATION
Owner:	Subdivision:
Address:	Mobile Home Park Name:
City/State/Zip:	Lot#: Block#: Space#: Track #:
Phone:	Lot Square Feet:#:
Alternate Phone:	

AGENT/CONTACT INFORMATION		UTILITY INFORMATION	
Contact Name:		Electric Co.:	Water Co.:
Phone:	( )	Gas Co.:	Sewer Co.
Alternate Phone:	( )	Fire District:	
Fax Number:	( )		

TYPE OF USE Select One

Agricultural ☐	Group Home ☐	Home Occupation ☐	Legal Non-Conforming ☐	Mining ☐

USE DESCRIPTION

I certify I am the owner (or authorized agent for the owner) of the subject lot or parcel. I guarantee that the information provided on this application and related documents, including the site plan, are correct to the best of my knowledge.

I hereby acknowledge that I am aware of, and understand State and County laws regarding the use of acreage for the purpose identified in this land use application.

I understand that I am required to obtain a Record Permit, for any development or improvements placed onto the subject lot or parcel, if this application is approved for a land use, and may be exempt from portions of the Maricopa County Zoning Ordinance and the County Building Code.

If at any time the parcel of land, structure or use no longer meets the requirements of the original approval, all requirements or regulations imposed by Maricopa County will apply and the parcel of land, structure, or use will be required to be brought into compliance.

Owner's/Agent's Signature:_____ Date:_____
(Circle one)

Planning & Development Department

CONTACT SUPPLEMENTAL

Complete applicable sections below.

TRACKING NUMBER:	

LICENSED CONTRACTOR VERIFICATION				
Verify that you are a licensed contractor under ARS Title 32, Chapter 10, Article 2 by providing information below.				
LICENSE NUMBER AND CLASS:	NUMBER CLASS	TRUST ACCOUNT NUMBER:		
TYPE OF LICENSE: Check one:	Architect ☐	Contractor ☐	Developer ☐	Engineer ☐
COMPANY NAME:				
STREET ADDRESS:				
CITY/STATE/ZIP:				
MAILING ADDRESS: (If different from above)				
CITY/STATE/ZIP:				
CONTACT PERSON 1:		TITLE:		
PHONE NUMBER: ( )		ALTERNATE PHONE: ( )		
CONTACT PERSON 2:		TITLE:		
PHONE NUMBER: ( )		ALTERNATE PHONE: ( )		
FAX NUMBER: ( )		E-MAIL:		

AGENT/CONTACT INFORMATION			
BUSINESS NAME:			
ADDRESS:			
CONTACT PERSON 1:		TITLE:	
PHONE NUMBER: ( )		ALTERNATE PHONE: ( )	
CONTACT PERSON 2:			
PHONE NUMBER: ( )		ALTERNATE PHONE: ( )	
FAX NUMBER: ( )		E-MAIL:	

Planning & Development Department
BUILDING ACTIVITY APPLICATION

CURRENT ASSESSOR'S PARCEL NUMBER: →	- -	**CONSTRUCTION SITE ADDRESS:**	Number- Fraction-Direction- Street Name Suffix
GO TO PERMIT NUMBER:	(Department use only)		City State Zip Code
MAJOR CROSS STREETS:			

PROPERTY OWNER INFORMATION	**GENERAL INFORMATION**
Last Name:	Subdivision:
First Name:	Mobile Home Park Name:
Mailing Address:	Lot #: Block #: Space #:
City:	Tract #:
State: Zip Code:	Lot Sq. Ft.:
Country If Other Than U.S.:	Valuation of Project:
Day Phone: ( )	**WORK DESCRIPTION**
Alternative Phone: ( )	
Fax Number: ( )	
Email:	
DIRECTIONS TO JOB SITE	
	Related case # (if applicable):
	UTILITIES TO PROPERTY
	Electric Co. Water Co.
	Gas Co. Sewer Co.
	Fire District.

COMMERCIAL				**MINOR BUILDING PERMIT**		
NEW :	☐	**ADDITION:**	☐	**A/C UNIT:**	☐	
TENANT IMPROVEMENT:			☐	**ELECTRICAL:**	☐	
Business Name:				**AMPS:**		
Signs:	☐	**Type:**	**Sign Area:**	**GAS LINE:**	☐	
RESIDENTIAL				**OTHER:**	☐	
NEW:	☐	**ADDITION:**	☐	**Specify:**		
Standard Plan No:				**GRADING PERMIT:**		
Option No:				**GRADING PERMIT:**	☐	
REMODEL (Interior work only):			☐			
ACCESSORY BUILDING:			☐	**MOBILE HOME/MOVE-ON PERMIT**		
Type:				**MOBILE HOME:**	☐	
POOL:			☐	**MULTI-SECTIONAL:**	☐	
Standard Plan No:		**Option No:**	**Lin Ft:**	**MANUFACTURED HOME:**	☐	
FENCE:	☐	**POOL BARRIER**	☐	**Year of MH:**		
Fence type:		**Height:**	**Lin Ft:**	**MOVE-ON** :	☐	
COMPLIANCE INSPECTION						
Type:			☐			

The owner or authorized agent for the owner of the subject lot or parcel guarantees access to Maricopa County personnel and appropriate emergency service providers for the purpose of building inspections, zoning enforcement and the provision of emergency services. I agree to abide by all of the development laws of Maricopa County. The information and plans provided are correct to the best of my knowledge including recorded lot dimensions and structure locations. I understand that the filing of an application containing false or incorrect information, with the intent to avoid the licensing requirement of ARS Title 32, is falsification pursuant ARS section 13-2704 and is a class 2 misdemeanor.

Owner/Builder will do the work themselves, with their own employees, for owner's use and not for sale or rental within one year of completion.	YES ☐	NO ☐
I certify that the building(s) included on the attached site plan do not have wastewater plumbing, that no part of the building(s) or vehicle access is within 10' of the septic system, and that no part of the proposed construction will negatively impact the septic system.	YES ☐	NO ☐
Is your driveway tying into a Maricopa County right-of-way?	YES ☐	NO ☐
Owner/Applicant is claiming another exemption under ARS, Section 32-1121.A. A signed statement from the Registrar of Contractors verifying exemption must be attached.	YES ☐	NO ☐
OWNER / AGENT / CONTRACTOR'S SIGNATURE: (Circle One)	**DATE:**	

PERMIT APPLICATION

Arizona Department of Health Services

ZONING CLEARANCE

INSTRUCTIONS FOR THIS PAGE All facilities applying for initial licensure must provide evidence of proper zoning. You, as the applicant, will complete the top portion of this page. You are responsible for having the lower half of this page completed by a representative of the local zoning authority of having jurisdiction. Contact your local city planning and zoning department. If your facility is outside of the city limits, contact the county planning and zoning department.

APPLICANT: Please complete the top portion of this page.

NAME OF FACILITY _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____ COUNTY _____

TYPE OF USE INTENDED FOR THIS ADDRESS _____

WILL THERE BE OVERNIGHT STAY AT THIS FACILITY? _____

CITY/COUNTY ZONING AUTHORITY

---

1. Is the address listed above property zoned for the owners intended use? Yes ( ) No ( )
2. If not, what requirements will have to be met before zoning clearance can be obtained?
   _____
   _____
3. If a Special Use Permit is necessary, has one been issued and does it authorize the intended use above? Yes ( ) No ( )

   Name (print) _____Date:_____

   Signature _____Phone:_____

   Title _____Office:_____

Sample Only

Arizona Department of Health Services

ASSISTED LIVING FACILITY
LETTER OF COMPLIANCE

THIS DOCUMENT IS TO CERTIFY THAT THE HOME OF:

Name of Provider: _____

Name of Adult Care: _____

Street Address: _____

City: _____State_____Zip_____County_____

Lower half to be completed by city or county representative.

---

1. Is in compliance with all building code requirements of the city/county of _____ to establish an Assisted Living Facility, and

2. Is approved to care for a maximum of _____ residents.

3. The facility listed above was originally built according to local codes and standards as evidenced by construction permit and inspection on file at this city/county office:

   ( ) Yes ( ) No ( ) Other

Name (print) _____ Date _____

Title _____ Phone _____

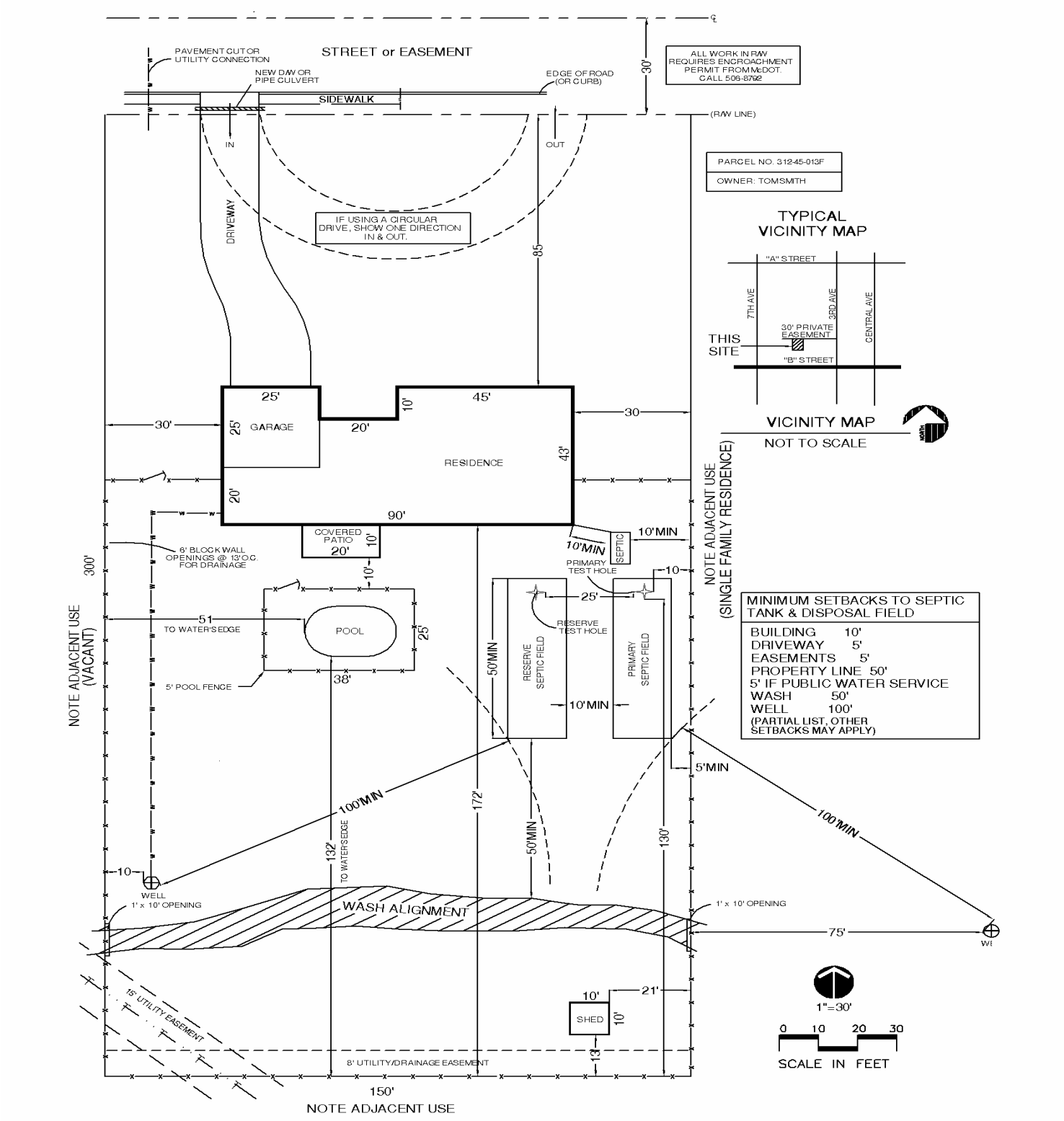
Office _____

This document is to provide the Department of Health Services with evidence that Adult Care Home services can be approved in your city/county. Since various cities and counties within Arizona do not provide special building inspections or require the installation of particular devices for the approval of an Adult Care Home, we are requesting from those cities/counties, completion of this document to show that your city/county is aware of this project and approves. If there are any questions, please contact the Office of Assisted Living Licensure at (602) 674-9775. This document is not meant to represent zoning approval.

Sample Only

Planning & Development Department

TYPICAL RESIDENTIAL SITE PLAN

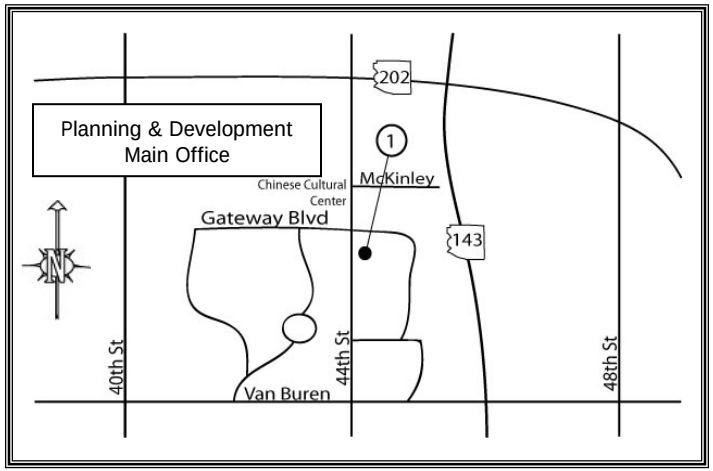


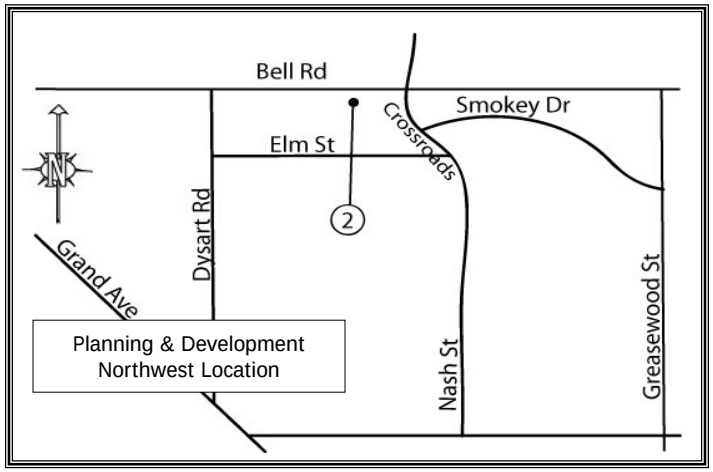
SAMPLE ONLY (DRAWING SHOWN IS NOT TO SCALE)

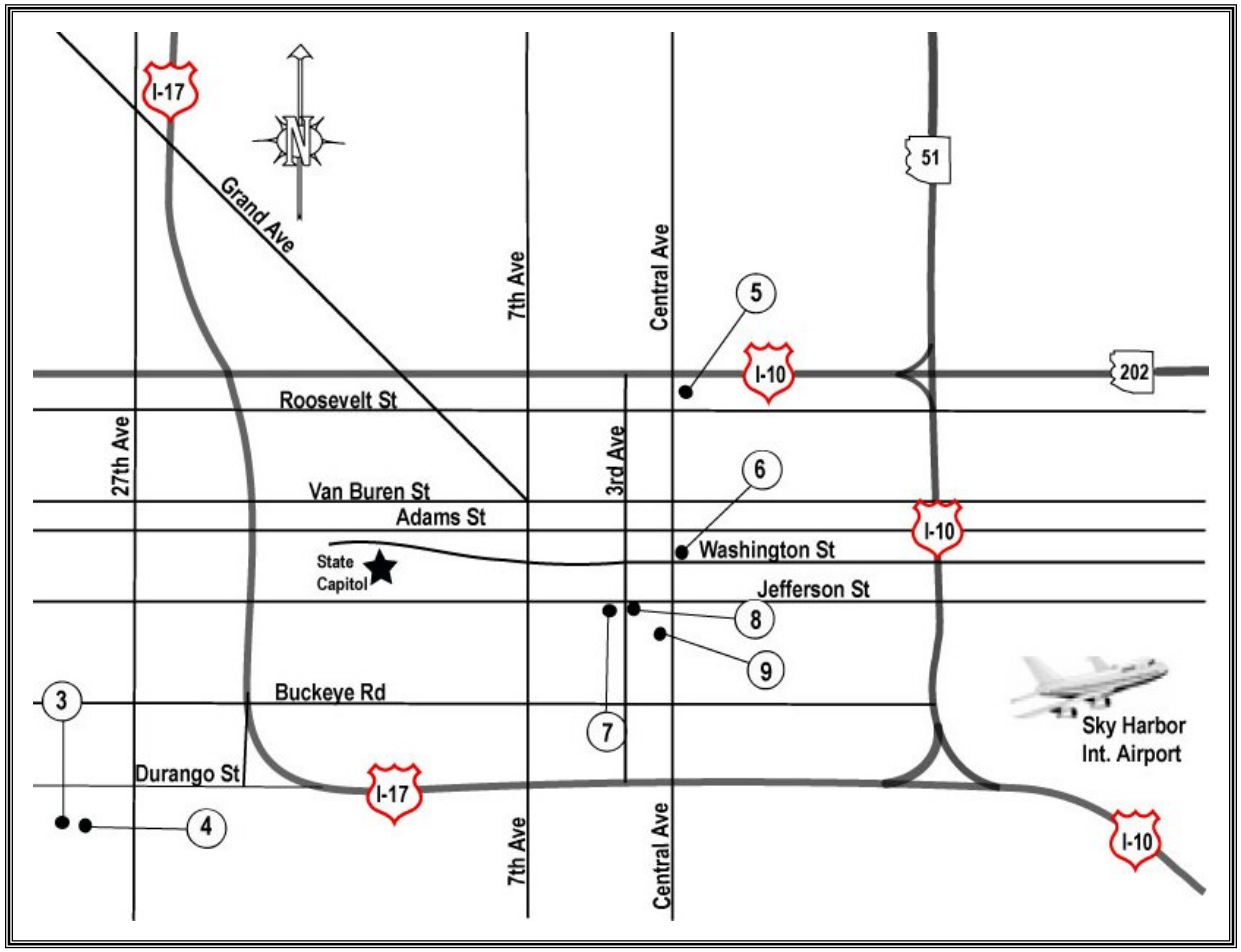
ADDITIONAL DETAILED PLANS MAY BE REQUIRED.

Planning & Development Department

PERMITS FACILITIES DIRECTORY







1.) Planning & Development 501 N. 44th St, Suite 200	(602) 506-3301 Fax: (602) 506-3601	
2.) Planning & Dev N.W. Office 12975 W. Bell Rd.	(623) 875-1361 Fax: (623) 583-7143	
3.) Department of Transportation 2901 W. Durango St.	(602) 506-8600	
4.) Flood Control District 2801 W. Durango St.	(602) 506-1501	
5.) Environmental Services 1001 N. Central Ave	(602) 506-6666	
6.) B.L.M. 1 N. Central Ave	(602) 417-9200	
7.) Assessor's Office 301 W. Jefferson St.	(602) 506-3406	
8.) Recorder's Office 111 S. 3rd Ave	(602) 506-3535	
9.) Sheriff's Office 201 W. Jefferson St. (Records & ID)	(602) 256-1070	